

CHAPLAIN SERVICE

Scope of Service

1. Service Mission

Chaplain Service Mission is to plan, develop, and direct a pastoral care program for patients and family members of CTVHCS that is integrated into the clinical delivery of services and is integral to the holistic health care provided our constituents.

2. Service Philosophy

Attention to the spiritual needs of our constituents is an integral part of comprehensive health care. A pastoral care program that is comprehensive enough to identify spiritual needs and provide appropriate care must be attentive to the pluralistic setting in which we work. Chaplains carefully observe the unique needs of various religious traditions represented by our constituents. In providing care, Chaplains are both attentive to the variety of needs of every person in their care, while remaining faithful to their own religious traditions. Chaplain Service brings unique resources to assist in dealing with a variety of emotionally charged issues which frequently arise in the hospital setting, and seek to integrate their interventions with the patient plan of care.

3. Service Strategies

Strategy #1: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE).

- 1) Initiative: Initiate inquiry as to veteran patient's connection to community pastoral support.
 - a) Measurable Outcome: Track number of patients visited by chaplain staff having community clergy support and trend this as a percentage of total patients visited over time.
- 2) Initiative: Initiate referral to local clergy when requested to do so.
 - a) Measurable Outcome: Track number of referrals over time.

Strategy #2: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES and COMMUNICATION).

- 1) Initiative: Develop Unit-Specific Workload reports.
 - a) Measurable Outcome: Chaplain Service will have Charts for each Unit to display detailing the scope and purpose of pastoral care provided in that Unit

- 2) Initiative: Improve intra-departmental patient care referrals by tracking frequency.
 - a) Measurable Outcome: Chart number of referrals across the System over time.

4. Description of Patients/Customers Served

- a. Types of Patients/Customers Served** Chaplains visit patients on every inpatient Ward according to established priority criteria: Seriously Ill/Palliative Care, Long-Term Care and by Consult. Outpatients are seen as Walk-ins and by Consult. All veterans, their family members or significant others, and VA Staff members and Volunteers can be seen for pastoral care as needed.
- b. Complexity of Patient/Customer Needs** Chaplain Service is responsive to all levels of patient complexity seen in CTVHCS, and as a priority provides care to critically ill and complex patient care categories such as Chronic Mentally Ill. Outpatient care provided to walk-in veterans and family members may involve significant psycho-social maladjustment requiring intervention and referral to other caregivers. Care to Staff members generally involves crisis intervention of short duration.
- c. Ages of Patients/Customers Served** Veterans aged Adult through Older Adult are seen. Dependents/family members younger than 21 are not routinely provided pastoral care. Staff members are Adult age. Volunteers are generally adult, but there are Summer Youth volunteers that may need pastoral care on occasion. These are Mid to Late Teens.

5. Organizational Structure-Service Provided

Chaplain Service is composed of one Chief, one Secretary and Staff Chaplains. Staff chaplains are further distinguished into three general faith groups: Protestant, Catholic, and Jewish. The comprehensive pastoral care program must provide care to a wide variety of faith groups, so assignment of staff is generally not in a specific Product Line. Each staff chaplain has a specific area of assignment in order to participate in treatment in treatment team meetings, however care delivery is given as needed even outside these broad areas of assignment on a cooperative basis with chaplain colleagues. Pastoral care services are provided according to the order of need, with priority being given to death, seriously ill, or crisis calls.

- a. Service Provided Temple ICF** includes Sunday Worship, pastoral care and counseling to patients, family, and staff on site 7 days per week. 2 Protestant and 1 Roman Catholic Chaplain Staff is present during the hours that range from 8 a.m. – 8 p.m. Monday through Thursday, and during the daytime hours Friday through Sunday. Emergency needs after hours are covered by a callback roster of Fee-basis chaplains.
- b. Service Provided Waco ICF** includes Sunday Worship, pastoral care and counseling to patients, family, and staff on site 7 days per week. One Protestant and one Roman Catholic Staff split the 7 day week so that at least one Staff

member is present each day of the week during daytime hours. Emergency needs after hours are covered by Staff Chaplains on call.

c. Service Provided Marlin ICF includes Sunday Worship, pastoral care and counseling to patients, family, and staff on site 6 days per week. A Part-Time Protestant Chaplain is present for nearly four hours each day, generally 10 a.m. to 1:45 p.m. Monday through Thursday and generally in the morning hours of Saturday and Sunday. Staff Chaplain covers emergency needs when staff is not present by being on call. In addition, Staff on duty at other sites are available when needed.

d. Service Provided all CBOC's include responding to consults for specific veteran care needs. Chaplains are not routinely present in CBOC's but do make rounds in Outpatient areas located within inpatient ICF's. Specific assessment and/or group leadership is provided in Substance Abuse in Temple and PTSD in Waco on a regular, weekly basis, and by special invitation to Austin OPC and Vet Center.

6. Service Delivery Process

- a. **Assessments** Chaplains conduct spiritual assessments that determine the need for spiritual care. Nurses screen for special needs upon admission and generates a consult to Chaplain Service for intervention of care when necessary. Physician consults are sent when a patient becomes seriously ill or in need of End of Life Care. Each Chaplain attends treatment team meetings on their primary assignment areas. This provides further opportunity to attend to the patient's spiritual needs, when making treatment decisions and discharge planning. **Monitors include:** Patients Admitted to LTC Will Have Spiritual Assessments Within Established Timeframes that measures **Timeliness**.
- b. **Bereavement/Crisis Care** Chaplains have a primary role in bereavement care for patients and families. Each patient in Critical Care areas, designated Seriously Ill patients, and Hospice patients have the necessary spiritual care and support provided by a member of our staff. Often working in concert with the families' own community clergy, support is provided when and where it is needed. After-hours availability of support is assigned through a Callback system seven days per week. **Monitors include:** Documentation of Spiritual Care Provided Following SI Orders and EOL Consults that measures **Timeliness**.
- c. **Religious Worship Services** Religious worship services are provided every Sunday morning at each in-patient Facility. Additional programs of religious worship, devotion, and study are provided throughout the week. **Monitors include:** Number of persons attending each service that measures **Effectiveness of Resource Utilization**.

- d. **Counseling** Chaplains provide pastoral counseling for outpatients and in-patients when asked. They also provide crisis counseling for staff members when needed. **Monitors include:** Number of Counseling Sessions per Month that measures **Effectiveness of Resource Utilization**.

7. Recognized Standards/Guidelines for Clinical Practice

- a. **VA Chaplain Manual, M2, Part II** as dated March 12, 1990.
- b. Chaplains are guided in spiritual practices according to their **individual Denominations** and remain under the endorsement of these Bodies while serving in VA.
- c. A “**Covenant and Code of Ethics for Veterans Affairs Chaplains**” has been widely disseminated. The Endorsers Conference for VA Chaplains published it, and though it has no binding authority, the document accurately sets forth Standards of Care within the Chaplain Service.
- d. The present Manual is currently under revision. Its revision includes the **Scope of Practice for General Pastoral Care and Counseling** and for **Clinical Pastoral Care in Specialized Settings**

8. Organizational Relationship

- a. **Reporting Relationships** Service Chief reports to Associate Director for Patient Services. Staff Chaplains report to Chief, Chaplain Service.

a. Decision Making

Decision-making is done through a process of regular communication and consensus with Service members which includes personal contact with Chief at least monthly and Staff meetings consisting of the entire Chaplain Service twice monthly. Each member of the Staff is authorized to sign for receipt of supplies. One staff chaplain at Temple ICF and one at Waco ICF has additional authority to act as back-up leave and timecard approval officials when called upon to do so. Responsibility for overall supervision of Chaplain Service rests with Chief, Chaplain Service.

b. Reporting

Chaplain Service reviews data from monitors of all service delivery processes monthly and reports activities to Associate Director for Patient Services. Identified improvement activities are addressed through identified Strategies and Initiatives. Staff meeting minutes are submitted to ADPS and Staff members. Each chaplain reports workload through Event Capture System by means of regular data entry. Annual Budget request is sent during the development phase of each annual budget to Chief, Finance Service. Annual Management Briefing is held for Chaplain Service in early May.

9. Chaplain Service Staff

a. Service Staff Role and Responsibilities

1) Chief, Chaplain Service

Supervises and coordinates the activities of Chaplain Service under the direct supervision of Associate Director for Patient Services. Coordinates Performance Improvement Program in consultation with full Chaplain Service by monitoring data. Coordinates with other disciplines. Provides full pastoral ministry.

2) Staff Chaplains

Provide comprehensive religious ministry to inpatients and family at all ICF's and are available by consult to all outpatient clinics. Chaplains on staff are from various religious groups, to include Episcopal, Roman Catholic, Baptist, Christian Church, Assembly of God, Presbyterian, and Jewish. Staff Chaplains report to Chief, Chaplain Service. They are available to staff for consultation and support in times of crisis. They function ecumenically as clinical members of treatment teams on assigned units, conduct spiritual assessments as appropriate, respond to SI's and Consults as a priority and provide general ward visits. Provide liaison with church and community leaders and VA.

3) Secretary, Chaplain Service

Provides full range of secretarial and administrative duties and assures accessibility of the Chapels at Waco and Temple.

b. Availability of Service Staff

- 1) Chaplains are assigned to daytime duty schedules seven days per week. When staffing allows at least one Catholic and one Protestant chaplain is on duty during the day. Tours of duty range from 6:15 a.m. to 8:00 p.m. Marlin has a staff chaplain on duty four days per week, and contract assistance two days per week, each day consisting of 3.75 to 4 hours per day.
- 2) Chaplains have primary coverage areas, but are available to back each other up during their duty time for the priority ministry events such as emergency consults or Seriously Ill and Death notifications. This means that while one chaplain is primarily assigned to cover the ICU areas, the others may and often do respond to emergencies in this area as well.

- 3) Callback emergencies after hours are either answered by staff chaplains on a rotating basis, or by scheduled fee-basis chaplains employed for this function.

c. Core Staffing

- 1) **Temple ICF** One Chaplain (any Denomination) working daytime shift, all days.
- 2) **Waco ICF** One Chaplain (any Denomination) working daytime shift, all days.
- 3) **Marlin ICF and CBOC's** On Call Chaplain for Emergencies or Consults.

d. Service Organizational Chart (attached)

10. Communication Methods with Service Staff

Daily phone and e-mail contact is the primary informal method of communicating with all staff. Chief, Chaplain Service has primary duty responsibility at the Temple ICF, where staff have almost daily contact and communication with the Chief due to shared pastoral responsibilities. Two monthly staff meetings are also held, giving every staff member the opportunity to provide input to key decisions made in the Service. Each staff member has at least one face to face meeting with the Chief privately during each month or more often if needed.

11. Patient Safety

Chaplains regularly visit patients in patient care areas. They are trained annually about Violence in the Workplace, so that they can properly respond to potentially dangerous situations that may occur. In addition, Chaplains participate in Treatment Team meetings during which special safety concerns such as the need for restraints or historically disruptive behavior can be addressed therapeutically. In the event of fire on an inpatient Unit, Chaplains function at the direction of the acting Fire Chief and Nurse manager on the scene to assist with evacuation procedures when asked.

Date: 5/21/2002

THOMAS M. RARDIN, M.Div, B.C.C.
Chief, Chaplain Service/

APPROVED/DISAPPROVED:

Date:

L. JOYCE GOZA, MS, RN, CS, CNA
Associate Director for Patient Services

Chaplain Service
Strategy and Action Plan

Strategy: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE)

Initiative: Initiate inquiry as to veteran patient's connection to community pastoral support.

Measurable Outcome: Track number of patients visited by chaplain staff having community clergy support and trend this as a percentage of total patients visited over time.

Plan:

- | | |
|-------------|---|
| • January | Survey staff |
| • February | Determine requirements, Change Template |
| • March | Begin Data Collection |
| • April | Evaluate Data |
| • May | Plan Display for Units |
| • June | Re-evaluate Data Collection; Revise |
| • July | Evaluate Data |
| • August | Update Unit Data Display |
| • September | Re-evaluate Data Collection; Revise |
| • October | Review Progress |
| • November | Update Unit Data Display |
| • December | Re-evaluate Data Collection; Revise |

Chaplain Service
Strategy and Action Plan

Strategy: To improve veteran access to community clergy support (linked to CTVHCS Goal of PATIENT CARE)

Initiative: Initiate referral to local clergy when requested to do so.

Measurable Outcome: Track number of referrals over time.

Plan:

- | | |
|-------------|--|
| • January | Survey staff |
| • February | Determine requirements, Devise Referral Plan |
| • March | Begin Collecting Data |
| • April | Evaluate Data |
| • May | Develop Unit Posting Data |
| • June | Re-evaluate; Revise Referral Plan |
| • July | Continue Collecting Data |
| • August | Evaluate Data |
| • September | Re-evaluate; Incorporate any new Ideas |
| • October | Continue to Collect Data |
| • November | Review Data |
| • December | Review Progress, Make Recommendations |

Chaplain Service
Strategy and Action Plan

Strategy: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES and COMMUNICATION)

Initiative: Develop Unit-Specific Workload reports

Measurable Outcome: Chaplain Service will have Charts for each Unit to display detailing the scope and purpose of pastoral care provided in that Unit.

Plan:

- | | |
|-------------|---------------------------------|
| • January | Survey staff |
| • February | Review model charts |
| • March | Designation of Responsibilities |
| • April | Review Collected Data |
| • May | Develop Unit Data for Posting |
| • June | Continue to Collect Data |
| • July | Review Data |
| • August | Develop Revised Data Posting |
| • September | Continue to Collect Data |
| • October | Review Data |
| • November | Update Posted Data |
| • December | Review Progress, make revisions |

Chaplain Service
Strategy and Action Plan

Strategy: To improve pastoral care coverage within existing resources (linked to CTVHCS Goal of RESOURCES and COMMUNICATION)

Initiative: Improve intra-departmental patient care referrals by tracking frequency.

Measurable Outcome: Chaplain Service will chart the number of referrals between Chaplains across CTVHCS over time

Plan:

- | | |
|-------------|---------------------------------|
| • January | |
| • February | |
| • March | Survey Staff |
| • April | Begin Collecting Data |
| • May | Review Data |
| • June | Continue to Collect Data |
| • July | Review Data |
| • August | Evaluate Referral Process |
| • September | Continue to Collect Data |
| • October | Review Data |
| • November | Update Posted Data |
| • December | Review Progress, make revisions |